

**AMHERST HEALTH DEPARTMENT**  
70 BOLTWOOD WALK • AMHERST • MA • 01002  
Environmental Health Division (413) 259-3078  
Main Office (413) 259-3077 Fax (413) 259-2404  
[www.amherstma.gov](http://www.amherstma.gov)

**APPLICATION FOR SEPTIC INSTALLERS LICENSE**

\_\_\_\_\_, 201\_\_

**ANNUAL FEE \$175.00**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:  
**SEPTIC INSTALLERS LICENSE**

\_\_\_\_\_  
\_\_\_\_\_  
(Full **name** and **address of person**, firm or corporation **making application**)

State clearly purpose for which license is requested \_\_\_\_\_

Give business location by street and number \_\_\_\_\_

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Federal I. D. Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))**

I, \_\_\_\_\_ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employees:  
\_\_\_\_\_ (policy # / insurance company)
2. ☐ I am not required to have workers' compensation insurance under M.G.L. C. 152, Sect. 25 ( c ) (6)

**\*Any applicant who checks #1 above must also complete and submit the Worker's Compensation Affidavit.**

\_\_\_\_\_

**Please Note The Following Late Fees Will Be Enforced**  
**First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.**

Return to: Environmental Health Services  
Attn: License Application  
Bangs Community Center, 2<sup>nd</sup> Fl  
70 Boltwood Walk  
Amherst, MA 01002

Make Check Payable to: **Town of Amherst**